

**SALES DISCLOSURE FORM**

State Form 46021 (R11/12-11)

Prescribed by Department of Local Government Finance
Pursuant to IC 6-1.1-5.5**SDF ID**

C06	2011	0003433
County	Year	Unique ID

SDF Date: 06/03/2011

PRIVACY NOTICE: The telephone numbers and Social Security numbers of the parties on this form are confidential according to IC 6-1.1-5.5-3(d).

PART 1 - To be completed by BUYER/GRANTEE and SELLER/GRANTOR**A. PROPERTY TRANSFERRED - MUST BE CONVEYED ON A SINGLE CONVEYANCE DOCUMENT**

1. Property Number	Check box if applicable to parcel	5. Complete Address of Property	6. Complete Tax Billing Address (if different from property address)
A.) 06-10-25-000-023.035-002 015-09370-56	<input type="checkbox"/> 2. Split <input checked="" type="checkbox"/> 3. Land <input checked="" type="checkbox"/> 4. Improvement	2105 YOSEMITE DR LEBANON, IN 46052	2105 YOSEMITE DR LEBANON, IN 46052

7. Legal Description of Parcel A: PARK PLACE SEC 2 LOT 56 574/576-09370-56

B.)	<input type="checkbox"/> 2. Split <input type="checkbox"/> 3. Land <input type="checkbox"/> 4. Improvement
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7. Legal Description of Parcel B:**B. CONDITIONS - IDENTIFY ALL THAT APPLY**

If condition 1 applies, filer is subject to disclosure and a disclosure filing fee.

YES	NO	CONDITION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. A transfer of real property interest for valuable consideration.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Buyer is an adjacent property owner.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Vacant land.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Exchange for other real property ("Trade").
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Seller paid points. (Provide the value Table C Item 12.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Change planned in the primary use of the property? (Describe in special circumstances in Table 3 Item 3.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Existence of family or business relationship between buyer and seller.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Land contract. Contract term (YY): 0 and contract date (MM/DD/YYYY):
<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Personal property included in transfer. (Provide the value Table C Item 5.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Physical changes to property between March 1 and date of sale. (Describe in special circumstances in Table C Item 3.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Partial interest. (Describe in special circumstances in Table C Item 3.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Easements or right-of-way grants.

If conditions 13-15 apply, filer is subject to disclosure and a disclosure filing fee.

YES	NO	CONDITION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Document for compulsory transactions as a result of foreclosure or express threat of foreclosure, divorce, court order, judgment, condemnation, or probate.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Documents involving the partition of land between tenants in common, joint tenants, or tenants by the entirety.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Transfer to a charity, not-for-profit organization, or government.

C. SALES DATA - DISCLOSE VALUE OF ITEMS LISTED IN TABLE B, ITEMS 1-15

- Conveyance date (MM/DD/YYYY): 06/03/2011
- Total number of parcels: 1
- Describe any unusual or special circumstances related to this sale, including the specification of any less-than-complete ownership interest and terms of seller financing.

YES NO CONDITION

- | | | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Family or business relationship existing between buyer and seller? |
| | | Amount of discount: 0.00 |

Disclose actual value in money, property, a service, an agreement, or other consideration.

- | | |
|--|--------|
| 5. Estimated value of personal property: | \$0.00 |
| 6. Sales price: | \$0.00 |

YES NO CONDITION

- | | | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Is the seller financing sale? If yes, answer questions (8-13). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Is buyer/borrower personally liable for loan? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Is this a mortgage loan? |

- | | |
|--------------------------|--------|
| 10. Amount of loan: | \$0.00 |
| 11. Interest rate: | 0.0000 |
| 12. Amount in points: | \$0.00 |
| 13. Amortization period: | 0 |

D. PREPARER

KRISHA GREENE

Preparer of the Sales Disclosure Form

107 E MAIN ST

Address (Number and Street)

LEBANON, IN 46052

City, State, and ZIP Code

CLOSER

Title

MERIDIAN TITLE

*Company**Telephone Number**E-mail*

E. SELLER(S)/GRANTOR(S)

JAMES V FRENCH

Seller 1 - Name as appears on conveyance document

917 CLAIBORNE

Address (Number and Street)

LEBANON, IN 46052

*City, State, and ZIP Code**Telephone Number**E-mail*

JAMI R FRENCH

Seller 2 - Name as appears on conveyance document

917 CLAIBORNE

Address (Number and Street)

LEBANON, IN 46052

*City, State, and ZIP Code**Telephone Number**E-mail*

Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act".

Signature of Seller

10/21/2011

*Printed Name of Seller**Sign Date (MM/DD/YYYY)**Signature of Seller*

10/21/2011

*Printed Name of Seller**Sign Date (MM/DD/YYYY)*

F. BUYER(S)/GRANTEE(S) - APPLICATION FOR PROPERTY TAX DEDUCTIONS - IDENTIFY ALL ITEMS THAT APPLY

PATRICK D SCONCE

Buyer 1 - Name as appears on conveyance document

7125 N REBECCA CT

Address (Number and Street)

TERRE HAUTE, IN 47805

*City, State, and ZIP Code**Telephone Number**E-mail*

NICOLE A SCONCE

Buyer 2 - Name as appears on conveyance document

7125 N REBECCA CT

Address (Number and Street)

TERRE HAUTE, IN 47805

*City, State, and ZIP Code**Telephone Number**E-mail*

THE SALES DISCLOSURE FORM MAY BE USED TO APPLY FOR CERTAIN DEDUCTIONS FOR THIS PROPERTY. IDENTIFY ALL THOSE THAT APPLY.

YES NO CONDITION



1. Will this property be the buyer's primary residence? Provide complete address of primary residence, including county:

*Address (Number and Street)**City, State, and ZIP Code**County*

2. Does the buyer have a homestead in Indiana to be vacated for this residence? If yes, provide complete address of residence being vacated, including county:

*Address (Number and Street)**City, State, and ZIP Code**County*

YES NO CONDITION



3. Homestead



4. Solar Energy Heating/Cooling System



5. Wind Power Device



6. Hydroelectric Power Device



7. Geothermal Energy Heating/Cooling Device



8. Is this property a residential rental property?



9. Would you like to receive tax statements for this property via e-mail?

(Provide contact information below. Please see instructions for more information. Not available in all counties.)

*Primary property owner contact name**E-mail*

Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act". (Note: Spouse information, Social Security and Driver's License/Other numbers are not necessary if no Homestead Deduction is being filed.)

Signature of Buyer 1

11/04/2011

*Printed Legal Name of Buyer 1**Sign Date (MM/DD/YYYY)**Last 5 digits of Buyer 1 Driver's License/ID/Other Number**State Last 5 Digits of Social Security Number**Signature of Buyer 2/Spouse*

11/04/2011

*Printed Legal Name of Buyer 2/Spouse**Sign Date (MM/DD/YYYY)**Last 5 digits of Buyer 2/Spouse Driver's License/ID/Other Number**State Last 5 Digits of Social Security Number*

PART 2 - COUNTY ASSESSOR

The county assessor must verify and complete items 1 through 14 and stamp the sales disclosure form before sending to the auditor:

1. Property	2. AV Land	3. AV Improvement	4. Value of Personal Property	5. AV Total	6. Property Class Code	7. Neighborhood Code	8. Tax District	9. Acreage
A.)	\$25,300	\$115,300		\$140,600	510	15555	015	0.220
B.)								

Assessor Stamp	10. Identify physical changes to property between March 1 and date of sale.	YES	NO	CONDITION
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Is form completed?
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. State sales fee required?
		13. Date of sale (MM/DD/YYYY): 06/03/2011		
14. Date form received (MM/DD/YYYY): 11/09/2011				

Items 15 through 18 are to be completed by the assessor when validating this sale:

15. If applicable, identify any additional special circumstances relating to validation of sale.	YES	NO	CONDITION
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Sale valid for trending?
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17. Validation of sale complete?
	18. Validated by: _____		

PART 3 - COUNTY AUDITOR

Auditor Stamp	1. Disclosure fee amount collected: \$0.00	YES	NO	CONDITION
	2. Other Local Fee: \$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Is form completed?
	3. Total Fee Collected: \$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. State sales fee required?
	4. Auditor receipt book number: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Attachments complete?
5. Date of transfer (MM/DD/YYYY): 07/18/2011				

PART 4 - RECEIPT FOR STATEMENT OF DEDUCTION OF ASSESSED VALUATION

<p>SDF ID _____ SDF Date (MM/DD/YYYY) _____</p> <p>Parcel Number _____</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Homestead <input type="checkbox"/> Solar Energy <input type="checkbox"/> Wind Power</p> <p><input type="checkbox"/> Hydroelectric <input type="checkbox"/> Geothermal <input type="checkbox"/> Rental Property</p> <p><input type="checkbox"/> Electronic Statement (e-mail) _____</p>	<p>Buyer 1 - Name as appears on conveyance document _____</p> <p>Address of Property (Number and Street) _____</p> <p>City, State, and ZIP Code of Property _____</p> <p>Auditor Signature _____ Date (MM/DD/YYYY) _____</p>
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A person who knowingly and intentionally falsifies value of transferred real property, or omits or falsifies any information required to be provided in the sales disclosure form commits a Class C felony.

**SALES DISCLOSURE FORM**

State Form 46021 (R11/12-11)

Prescribed by Department of Local Government Finance
Pursuant to IC 6-1.1-5.5**SDF ID**

C06	2011	0003434
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County Year Unique ID

SDF Date: 10/21/2011

PRIVACY NOTICE: The telephone numbers and Social Security numbers of the parties on this form are confidential according to IC 6-1.1-5.5-3(d).

PART 1 - To be completed by BUYER/GRANTEE and SELLER/GRANTOR**A. PROPERTY TRANSFERRED - MUST BE CONVEYED ON A SINGLE CONVEYANCE DOCUMENT**

1. Property Number	Check box if applicable to parcel	5. Complete Address of Property	6. Complete Tax Billing Address (if different from property address)
A.) 06-10-25-000-023.035-002 015-09370-56	<input type="checkbox"/> 2. Split <input checked="" type="checkbox"/> 3. Land <input checked="" type="checkbox"/> 4. Improvement	2105 YOSEMITE DR LEBANON, IN 46052	2105 YOSEMITE DR LEBANON, IN 46052

7. Legal Description of Parcel A: PARK PLACE SEC 2 LOT 56 574/576-09370-56

B.)	<input type="checkbox"/> 2. Split <input type="checkbox"/> 3. Land <input type="checkbox"/> 4. Improvement
-----	--

7. Legal Description of Parcel B:

B. CONDITIONS - IDENTIFY ALL THAT APPLY

If condition 1 applies, filer is subject to disclosure and a disclosure filing fee.

YES	NO	CONDITION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. A transfer of real property interest for valuable consideration.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Buyer is an adjacent property owner.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Vacant land.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Exchange for other real property ("Trade").
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Seller paid points. (Provide the value Table C Item 12.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Change planned in the primary use of the property? (Describe in special circumstances in Table 3 Item 3.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Existence of family or business relationship between buyer and seller.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Land contract. Contract term (YY): 0 and contract date (MM/DD/YYYY):
<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Personal property included in transfer. (Provide the value Table C Item 5.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Physical changes to property between March 1 and date of sale. (Describe in special circumstances in Table C Item 3.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Partial interest. (Describe in special circumstances in Table C Item 3.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Easements or right-of-way grants.

If conditions 13-15 apply, filer is subject to disclosure and a disclosure filing fee.

YES	NO	CONDITION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Document for compulsory transactions as a result of foreclosure or express threat of foreclosure, divorce, court order, judgment, condemnation, or probate.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Documents involving the partition of land between tenants in common, joint tenants, or tenants by the entirety.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Transfer to a charity, not-for-profit organization, or government.

C. SALES DATA - DISCLOSE VALUE OF ITEMS LISTED IN TABLE B, ITEMS 1-15

- Conveyance date (MM/DD/YYYY): 10/21/2011
- Total number of parcels: 1
- Describe any unusual or special circumstances related to this sale, including the specification of any less-than-complete ownership interest and terms of seller financing.

YES NO CONDITION

- | | | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Family or business relationship existing between buyer and seller? |
| | | Amount of discount: 0.00 |

Disclose actual value in money, property, a service, an agreement, or other consideration.

5. Estimated value of personal property:	\$0.00
6. Sales price:	\$0.00

YES NO CONDITION

- | | | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Is the seller financing sale? If yes, answer questions (8-13). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Is buyer/borrower personally liable for loan? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Is this a mortgage loan? |

10. Amount of loan:	\$0.00
11. Interest rate:	0.0000
12. Amount in points:	\$0.00
13. Amortization period:	0

D. PREPARER

KRISHA GREENE

Preparer of the Sales Disclosure Form

107 E MAIN ST

Address (Number and Street)

LEBANON, IN 46052

City, State, and ZIP Code

CLOSER

Title

MERIDIAN TITLE

*Company**Telephone Number**E-mail*

E. SELLER(S)/GRANTOR(S)

JAMES V FRENCH

Seller 1 - Name as appears on conveyance document

917 CLAIBORNE

Address (Number and Street)

LEBANON, IN 46052

*City, State, and ZIP Code**Telephone Number**E-mail*

JAMI R FRENCH

Seller 2 - Name as appears on conveyance document

917 CLAIBORNE

Address (Number and Street)

LEBANON, IN 46052

*City, State, and ZIP Code**Telephone Number**E-mail*

Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act".

Signature of Seller

10/21/2011

*Printed Name of Seller**Sign Date (MM/DD/YYYY)**Signature of Seller*

10/21/2011

*Printed Name of Seller**Sign Date (MM/DD/YYYY)*

F. BUYER(S)/GRANTEE(S) - APPLICATION FOR PROPERTY TAX DEDUCTIONS - IDENTIFY ALL ITEMS THAT APPLY

PATRICK SCONCE

Buyer 1 - Name as appears on conveyance document

7125 N REBECCA

Address (Number and Street)

TERRE HAUTE, IN 47805

*City, State, and ZIP Code**Telephone Number**E-mail*

NICOLE A SCONCE

Buyer 2 - Name as appears on conveyance document

7125 N REBECCA CT

Address (Number and Street)

TERRE HAUTE, IN 47805

*City, State, and ZIP Code**Telephone Number**E-mail*

THE SALES DISCLOSURE FORM MAY BE USED TO APPLY FOR CERTAIN DEDUCTIONS FOR THIS PROPERTY. IDENTIFY ALL THOSE THAT APPLY.

YES NO CONDITION



1. Will this property be the buyer's primary residence? Provide complete address of primary residence, including county:

*Address (Number and Street)**City, State, and ZIP Code**County*

2. Does the buyer have a homestead in Indiana to be vacated for this residence? If yes, provide complete address of residence being vacated, including county:

*Address (Number and Street)**City, State, and ZIP Code**County*

YES NO CONDITION



3. Homestead



4. Solar Energy Heating/Cooling System



5. Wind Power Device



6. Hydroelectric Power Device



7. Geothermal Energy Heating/Cooling Device



8. Is this property a residential rental property?



9. Would you like to receive tax statements for this property via e-mail?

(Provide contact information below. Please see instructions for more information. Not available in all counties.)

*Primary property owner contact name**E-mail*

Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act". (Note: Spouse information, Social Security and Driver's License/Other numbers are not necessary if no Homestead Deduction is being filed.)

Signature of Buyer 1

11/04/2011

*Printed Legal Name of Buyer 1**Sign Date (MM/DD/YYYY)**Last 5 digits of Buyer 1 Driver's License/ID/Other Number**State Last 5 Digits of Social Security Number**Signature of Buyer 2/Spouse*

11/04/2011

*Printed Legal Name of Buyer 2/Spouse**Sign Date (MM/DD/YYYY)**Last 5 digits of Buyer 2/Spouse Driver's License/ID/Other Number**State Last 5 Digits of Social Security Number*

PART 2 - COUNTY ASSESSOR

The county assessor must verify and complete items 1 through 14 and stamp the sales disclosure form before sending to the auditor:

1. Property	2. AV Land	3. AV Improvement	4. Value of Personal Property	5. AV Total	6. Property Class Code	7. Neighborhood Code	8. Tax District	9. Acreage
A.)	\$25,300	\$115,300		\$140,600	510	15555	015	0.220
B.)								

Assessor Stamp	10. Identify physical changes to property between March 1 and date of sale.	YES	NO	CONDITION
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Is form completed?
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. State sales fee required?
		13. Date of sale (MM/DD/YYYY): 10/21/2011		
14. Date form received (MM/DD/YYYY): 11/09/2011				

Items 15 through 18 are to be completed by the assessor when validating this sale:

15. If applicable, identify any additional special circumstances relating to validation of sale.	YES	NO	CONDITION
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16. Sale valid for trending?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Validation of sale complete?
	18. Validated by: JW		

PART 3 - COUNTY AUDITOR

Auditor Stamp	1. Disclosure fee amount collected: \$0.00	YES	NO	CONDITION
	2. Other Local Fee: \$5.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Is form completed?
	3. Total Fee Collected: \$5.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. State sales fee required?
	4. Auditor receipt book number: 38978	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Attachments complete?
	5. Date of transfer (MM/DD/YYYY): 11/09/2011			

PART 4 - RECEIPT FOR STATEMENT OF DEDUCTION OF ASSESSED VALUATION

<p>SDF ID _____ SDF Date (MM/DD/YYYY) _____</p> <p>Parcel Number _____</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Homestead <input type="checkbox"/> Solar Energy <input type="checkbox"/> Wind Power</p> <p><input type="checkbox"/> Hydroelectric <input type="checkbox"/> Geothermal <input type="checkbox"/> Rental Property</p> <p><input type="checkbox"/> Electronic Statement (e-mail) _____</p>	<p>Buyer 1 - Name as appears on conveyance document _____</p> <p>Address of Property (Number and Street) _____</p> <p>City, State, and ZIP Code of Property _____</p> <p>Auditor Signature _____ Date (MM/DD/YYYY) _____</p>
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A person who knowingly and intentionally falsifies value of transferred real property, or omits or falsifies any information required to be provided in the sales disclosure form commits a Class C felony.

**SALES DISCLOSURE FORM**

State Form 46021 (R11/12-11)

Prescribed by Department of Local Government Finance
Pursuant to IC 6-1.1-5.5**SDF ID**

C06	2011	0003304
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County Year Unique ID

SDF Date: 11/04/2011

PRIVACY NOTICE: The telephone numbers and Social Security numbers of the parties on this form are confidential according to IC 6-1.1-5.5-3(d).

PART 1 - To be completed by BUYER/GRANTEE and SELLER/GRANTOR**A. PROPERTY TRANSFERRED - MUST BE CONVEYED ON A SINGLE CONVEYANCE DOCUMENT**

1. Property Number	Check box if applicable to parcel	5. Complete Address of Property	6. Complete Tax Billing Address (if different from property address)
A.) 06-10-25-000-023.035-002 015-09370-56	<input type="checkbox"/> 2. Split <input checked="" type="checkbox"/> 3. Land <input checked="" type="checkbox"/> 4. Improvement	2105 YOSEMITE DR LEBANON, IN 46052	2105 YOSEMITE DR LEBANON, IN 46052
7. Legal Description of Parcel A: PARK PLACE SEC 2 LOT 56 574/576-09370-56			
B.)	<input type="checkbox"/> 2. Split <input type="checkbox"/> 3. Land <input type="checkbox"/> 4. Improvement		
7. Legal Description of Parcel B:			

B. CONDITIONS - IDENTIFY ALL THAT APPLY**C. SALES DATA - DISCLOSE VALUE OF ITEMS LISTED IN TABLE B, ITEMS 1-15**

If condition 1 applies, filer is subject to disclosure and a disclosure filing fee.

YES	NO	CONDITION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. A transfer of real property interest for valuable consideration.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Buyer is an adjacent property owner.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Vacant land.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Exchange for other real property ("Trade").
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Seller paid points. (Provide the value Table C Item 12.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Change planned in the primary use of the property? (Describe in special circumstances in Table 3 Item 3.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Existence of family or business relationship between buyer and seller.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Land contract. Contract term (YY): 0 and contract date (MM/DD/YYYY):
<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Personal property included in transfer. (Provide the value Table C Item 5.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Physical changes to property between March 1 and date of sale. (Describe in special circumstances in Table C Item 3.)
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Easements or right-of-way grants.

1. Conveyance date (MM/DD/YYYY): 11/04/2011
2. Total number of parcels: 1
3. Describe any unusual or special circumstances related to this sale, including the specification of any less-than-complete ownership interest and terms of seller financing.

YES NO CONDITION

- ☐ ☒ 4. Family or business relationship existing between buyer and seller?
- Amount of discount: 0.00

Disclose actual value in money, property, a service, an agreement, or other consideration.

If conditions 13-15 apply, filer is subject to disclosure and a disclosure filing fee.

YES	NO	CONDITION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Document for compulsory transactions as a result of foreclosure or express threat of foreclosure, divorce, court order, judgment, condemnation, or probate.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Documents involving the partition of land between tenants in common, joint tenants, or tenants by the entirety.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Transfer to a charity, not-for-profit organization, or government.

5. Estimated value of personal property: \$0.00
6. Sales price: \$90,000.00

YES NO CONDITION

- ☐ ☒ 7. Is the seller financing sale? If yes, answer questions (8-13).
- ☐ ☒ 8. Is buyer/borrower personally liable for loan?
- ☐ ☒ 9. Is this a mortgage loan?

10. Amount of loan: \$0.00
11. Interest rate: 0.0000
12. Amount in points: \$0.00
13. Amortization period: 0

D. PREPARER

KRISHA GREENE

Preparer of the Sales Disclosure Form

107 E MAIN ST

Address (Number and Street)

LEBANON, IN 46052

City, State, and ZIP Code

CLOSER

Title

MERIDIAN TITLE CORPORATION

Company

LEBANON@MERIDIANTITLE.C

*Telephone Number**E-mail*

E. SELLER(S)/GRANTOR(S)

PATRICK D SCONE

Seller 1 - Name as appears on conveyance document

7125 N REBECCA

Address (Number and Street)

TERRE HAUTE, IN 47805

*City, State, and ZIP Code**Telephone Number**E-mail*

NICOLE A SCONE

Seller 2 - Name as appears on conveyance document

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Address (Number and Street)

TERRE HAUTE, IN 47805

*City, State, and ZIP Code**Telephone Number**E-mail*

Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act".

Signature of Seller

11/04/2011

*Printed Name of Seller**Sign Date (MM/DD/YYYY)**Signature of Seller*

11/04/2011

*Printed Name of Seller**Sign Date (MM/DD/YYYY)*

F. BUYER(S)/GRANTEE(S) - APPLICATION FOR PROPERTY TAX DEDUCTIONS - IDENTIFY ALL ITEMS THAT APPLY

CANDEE M ESRA

Buyer 1 - Name as appears on conveyance document

2105 YOSEMITE DR

Address (Number and Street)

LEBANON, IN 46052

*City, State, and ZIP Code**Telephone Number**E-mail**Buyer 2 - Name as appears on conveyance document**Address (Number and Street)**City, State, and ZIP Code**Telephone Number**E-mail*

THE SALES DISCLOSURE FORM MAY BE USED TO APPLY FOR CERTAIN DEDUCTIONS FOR THIS PROPERTY. IDENTIFY ALL THOSE THAT APPLY.

YES NO CONDITION

- ☒ ☐ 1. Will this property be the buyer's primary residence? Provide complete address of primary residence, including county:

*Address (Number and Street)**City, State, and ZIP Code**County*

- ☐ ☒ 2. Does the buyer have a homestead in Indiana to be vacated for this residence? If yes, provide complete address of residence being vacated, including county:

*Address (Number and Street)**City, State, and ZIP Code**County*

YES NO CONDITION

- ☒ ☐ 3. Homestead
☐ ☒ 4. Solar Energy Heating/Cooling System
☐ ☒ 5. Wind Power Device
☐ ☒ 6. Hydroelectric Power Device
☐ ☒ 7. Geothermal Energy Heating/Cooling Device
☐ ☒ 8. Is this property a residential rental property?
☐ ☒ 9. Would you like to receive tax statements for this property via e-mail?
(Provide contact information below. Please see instructions for more information. Not available in all counties.)

*Primary property owner contact name**E-mail*

Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act". (Note: Spouse information, Social Security and Driver's License/Other numbers are not necessary if no Homestead Deduction is being filed.)

Signature of Buyer 1

11/04/2011

*Printed Legal Name of Buyer 1**Sign Date (MM/DD/YYYY)**Last 5 digits of Buyer 1 Driver's License/ID/Other Number**State Last 5 Digits of Social Security Number**Signature of Buyer 2/Spouse**Printed Legal Name of Buyer 2/Spouse**Sign Date (MM/DD/YYYY)**Last 5 digits of Buyer 2/Spouse Driver's License/ID/Other Number**State Last 5 Digits of Social Security Number*

PART 2 - COUNTY ASSESSOR

The county assessor must verify and complete items 1 through 14 and stamp the sales disclosure form before sending to the auditor:

1. Property	2. AV Land	3. AV Improvement	4. Value of Personal Property	5. AV Total	6. Property Class Code	7. Neighborhood Code	8. Tax District	9. Acreage
A.)	\$25,300	\$115,300		\$140,600	510	15555	015	0.220
B.)								

Assessor Stamp	10. Identify physical changes to property between March 1 and date of sale.	YES	NO	CONDITION
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Is form completed?
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. State sales fee required?
		13. Date of sale (MM/DD/YYYY): 11/04/2011		
		14. Date form received (MM/DD/YYYY): 11/09/2011		

Items 15 through 18 are to be completed by the assessor when validating this sale:

15. If applicable, identify any additional special circumstances relating to validation of sale.	YES	NO	CONDITION
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16. Sale valid for trending?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Validation of sale complete?
	18. Validated by: JSL		

PART 3 - COUNTY AUDITOR

Auditor Stamp	1. Disclosure fee amount collected: \$0.00	YES	NO	CONDITION
	2. Other Local Fee: \$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Is form completed?
	3. Total Fee Collected: \$0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. State sales fee required?
	4. Auditor receipt book number:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Attachments complete?
	5. Date of transfer (MM/DD/YYYY): 11/09/2011			

PART 4 - RECEIPT FOR STATEMENT OF DEDUCTION OF ASSESSED VALUATION

<p>SDF ID _____ SDF Date (MM/DD/YYYY) _____</p> <p>Parcel Number _____</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Homestead <input type="checkbox"/> Solar Energy <input type="checkbox"/> Wind Power</p> <p><input type="checkbox"/> Hydroelectric <input type="checkbox"/> Geothermal <input type="checkbox"/> Rental Property</p> <p><input type="checkbox"/> Electronic Statement (e-mail) _____</p>	<p>Buyer 1 - Name as appears on conveyance document _____</p> <p>Address of Property (Number and Street) _____</p> <p>City, State, and ZIP Code of Property _____</p> <p>Auditor Signature _____ Date (MM/DD/YYYY) _____</p>
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A person who knowingly and intentionally falsifies value of transferred real property, or omits or falsifies any information required to be provided in the sales disclosure form commits a Class C felony.